

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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36	1					
37						
38		3				
39		3				
40		3				
41		3				
42		2				
43		2				
44		1				
45		1				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51
18
89

	IND	DEP	IND	DEP	IND	DEP
51		1				
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TOTAL CLAIMS						